

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-037188  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2588

FILED SEP 20 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>ST Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Sappington,</b>		c. CITY OR TOWN <b>Sappington,</b>	
Length of stay in 1b <b>years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>12505 Alswell Lane</b>		d. STREET ADDRESS (If outside, give location) <b>12505 Alswell Lane</b>	
3. NAME OF DECEASED (Type or print) First <b>ESTHER</b> Middle <b>H.</b> Last <b>ROSENBERG</b>		4. DATE OF DEATH Month <b>Sept.</b> Day <b>5th,</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-28-1887</b>
9. AGE (last birthday) <b>75</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Leppold</b>		13b. MOTHER'S MAIDEN NAME <b>Drucilla Roper</b>	
14. NAME OF HUSBAND OR WIFE <b>William B. Rosenberg</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma right Kidney</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>St. Louis</b>	
20g. COUNTY <b>St. Louis</b>		20h. STATE <b>Mo.</b>	
21. I attended the deceased from <b>Oct 1960</b> , to <b>Sept 5, 1962</b> and last saw her alive on <b>Sept 5, 1962</b> Death occurred at <b>6:40 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert T. Chever</b>		22b. ADDRESS <b>P.O. Box 8568 St. Louis 25, Mo.</b>	
22c. DATE SIGNED <b>9-6-62</b>		22d. LOCATION (City, town, or county) <b>St. Louis County, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept. 8, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	
23d. FUNERAL DIRECTOR <b>Kriegshauser-4228 S. Kingshighway Blvd.</b>		23e. ADDRESS <b>9-6-62</b>	
23f. DATE RECD. BY LOCAL REG. <b>9-6-62</b>		23g. REGISTRAR'S SIGNATURE <b>John B. Murphy</b>	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James R. Munn

Licensed Embalmer No. 4527

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.